

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 19 1934

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

2. FULL NAME

(a) Residence, No. 7005 Glenwood (formerly Ave.) N. R. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (or like the third) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Reynolds		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10, 1869		
7. AGE 64	YEARS 4	MONTHS 24
8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. Carpenter		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Veracruz		
13. NAME Unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT (ADDRESS) Ruth Mehofer 7003 Glenwood		
18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory DATE May 8 1934		
19. UNDERTAKER (ADDRESS) Stork & Carrigan 4600 North Bridge		
20. FILED -7 1934, 19 J. H. Braddock Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4th 1934
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:25 A.M. The principal cause of death and related causes of importance were as follows: Lobar Pneumonia - Chronic Myocarditis Chronic Interstitial Nephritis Other contributory causes of importance: 109 121 222 158 Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) _____, M.D. (Address) _____ 5/7/34

